

Account Authorization

Account Name(s) _____

Account Number/s (To be assigned by Ministry Trust) _____

Mailing address for statements and other correspondence:

Organization Name: _____

Street Address: _____

City, Zip: _____ Phone: _____

Please indicate the persons authorized to sign withdrawal requests (W/D Auth.) and access The Ministry Fund online client portal (Ministry ClientView) below:

Account Authorized Personnel		W/D Auth.	Ministry ClientView
Name ¹ : _____	Phone: _____	<input type="checkbox"/>	<input type="checkbox"/>
Title: _____	Email: _____		
Name ² : _____	Phone: _____	<input type="checkbox"/>	<input type="checkbox"/>
Title: _____	Email: _____		
Name ³ : _____	Phone: _____	<input type="checkbox"/>	<input type="checkbox"/>
Title: _____	Email: _____		

Account Authorized Personnel (cont.)

W/D Auth. Ministry ClientView

Name ⁴: _____ Phone: _____

Title: _____ Email: _____

IMPORTANT Number of signatures required for withdrawals (if applicable): _____
(If above line is not completed, we will need 2 signatures for withdrawals.)

Withdrawal requests must be submitted to The Ministry Fund on your ministry's/agency's stationery via email, fax, or US mail.

Form must be signed by one party representing the organization:

Signature: _____ Date: _____

Print Name: _____ Title: _____

Phone: _____ Email: _____

IMPORTANT: Please notify us of any leadership changes.

Ministry ClientView Disclosure:

Account information available through Ministry ClientView is for inquiry purposes only. Information cannot be altered onscreen. No account activity (including withdrawals, wires, and transfers) can be initiated through Ministry ClientView. Data can be exported to the user's file for spreadsheet applications or saving as a .pdf document.

Please be aware that the first 10 business days of the month are needed to summarize and report activity through the prior month-end. Our goal is to fulfill account withdrawals within 10 business days. Account liquidations may take longer.